



Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/508,967	<b>FILING DATE</b> 04/07/2000 <b>RULE</b> -	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 45300-59676
<b>APPLICANTS</b> MATS WAHLGREN, STOCKSUND, SWEDEN; ANTONIO BARRAGAN, HUDDINGE, SWEDEN; JOHAN CARLSON, STOCKHOLM, SWEDEN; CHEN QIJUN, STOCKHOLM, SWEDEN; VICTOR FERNANDEZ, STOCKHOLM, SWEDEN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE98/01675 09/18/1998				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9703386-4 09/19/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/09/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance 5/10/05 Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 000466				
<b>TITLE</b> MALARIA POLYPEPTIDES				
<b>FILING FEE RECEIVED</b> 1316	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	